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ABSTRACT

In English-as-a-Second-Language instruction at the Semmelweiss Medical University (Hungary), the giving of prepared talks is incorporated into instruction in three forms: (1) independently-composed problem-posing presentation of a written text; (2) prepared talk on a medical topic of general interest, selected by student or teacher; and (3) roundtable discussion on medical topics. The international character of medicine requires that future medical professionals be able to participate in medical discussions, arguments, and debates. This ability to express thoughts consists of the following skills: presenting and justifying thoughts; announcing the structure of thoughts in advance; supporting statements with data; giving and refuting possible counter-arguments; convincing listeners; admitting defeat; and completing thoughts. The student's prepared talk usually takes narrative form. Topics are related to actual issues of health and treatment. Ahead of time, students write down unknown words, guide words, key words, and words of Latin origin. The talk is given three times, then practiced in the form of a dialogue or discussion. Roundtable discussions use role-playing on topics reflecting social and human concerns in medical care. Format is determined by language functions, such as expression of agreement, disagreement, argument, suggestion, opinion, interruption, introducing a speaker, etc. (MSE)

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GIVING A PREPARED TALK AS A SPECIAL GOAL IN TEACHING MEDICAL ENGLISH*

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We must begin by explaining the title. What do we mean by having students give a prepared talk or an independent oral exposition of their ideas? Speaking a foreign language in language lessons can take the form of a dialogue or a monologue. The independent exposition of ideas includes both of them. This is a special combined kind of talking in the language lesson, during which a student has to express his thoughts at length about a topic given or chosen earlier. On the one hand, the independent exposition of ideas takes the form of a dialogue as it contains the interpersonal elements of question and answer; and, on the other hand, it also takes the form of a monologue, because great stress is laid upon narration, exposition and description as well. As far as the dialogue is concerned, we have to stress that this is a kind of dialogue which never means short questions and answers. In the monologue the student has to express his thoughts at length on a certain topic using a continuous sequence of thoughts.

We have used prepared talk in our teaching in three different forms:

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a. the independently composed problem-posing presentation of a written text /e. g. reviews of articles from medical journals/;

b. giving a prepared talk on medical topic of general interest which has been either specified by the teacher or suggested by the student;

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c. round-table discussion on medical topics.

Only the latter two will be described in detail here, but first we have to make it clear what made it necessary to introduce the prepared talk as a new goal in teaching medical English and secondly what kind of abilities our students must acquire in order to be able to express their thoughts coherently and independently.

The international character of medicine, both from the theoretical and the practical point of view, reqiures that our students, future doctors, dentists and pharmacists, should not only understand professional texts, but also take part in professional discussions, arguments or even debates in English. This is why we must develop their communicative competence in medical English.

Professional discussions can take place in the following situations:

a. when meeting foreign colleagues at home;

b. when meeting foreign colleagues abroad;

c. at professional conferences.

What kinds of skills should our students acquire in order to be able to take part in professional discussions? It is not a satisfactory answer to this question to say that we have to teach them how to express their thoughts in English, because this notion is too general.

The ability to express thoughts must be divided into sub-skills. According to these sub-skills the student should learn how to:

a. present his thoughts and give reasons and justify them;

b. announce the structure of his thoughts in advance;

c. support his statements and arguments with data;

d. give the possible counter-arguments and refute them;

e. convince his listeners or partners in the debate;

f. admit defeat in the debate;

g. finish his thoughts /if possible ending with a bang/.

_Giving a prepared talk _

The students' talk usually takes a narrative form, but it is always accompanied by a dialogue, too. The better the talk is, the more reactions it provokes and the more natural situations of speech it creates.

In the following section the prepared talk will be described in relation to its topic, form and method.

Topics.

The topics of the talks are related to actual issues of health and treatment. They are of central importance to the medical world and public opinion.

Topics of the Talks

1. Is there a tendency for medicine to be depersonalized?
2. Prevention or treatment?
3. Should drug-addiction be considered a disease?
4. Should the patient be told.....?
5. Predetermining the sex of a baby.
6. Foreign bodies in the human organism. /Incompatibility in transplantation./
7. Can a doctor accuse another doctor of medical malpractice?
8. Way of life and the extensive spread of cardio-vascular diseases.
9. High blood pressure as a silent killer.
10. Description of a disease. /Cancer, Hypertension, Ulcer, Infarction, Rheumatoid Arthritis, Flu,...../

In the beginning these topics are given by the teacher,but later the students initiate them independently and sometimes they find rather bizarre topics, so we have to control them and keep topcs reasonable. It is important that these talks should be given

from a subjective point of view - arousing a debate.

The form of the talks.

Regarding the form of the talks, we have set up a principle called 3 x 8. The first 8 means the number of unknown words to be written on the blackboard; the second 8 shows the time of the talk /8 minutes/; the third 8 means the maximum number of sentences. Of course we can deviate from this principle. It was necessary to set up this limit in order to teach the students how to construct a talk within given frames. /So the student has both freedom and certain constraints at the same time./. Talks should have introductions and conclusions.

Method.

Before giving the talk the student has to write down the unknown words, the guide words, the key words and words of Latin origin. The teacher selects the most important ones and makes the students practise them.

The method of elaboration is the following:

1. The student giving the talk first expounds his ideas continuously without any break. If there are any questions concerning global understanding, the other students ask them.
2. Then the student repeats the talk sentence by sentence watching the faces of his peers to see whether he is being understood or not. If there is anybody who finds new unknown words besides the ones already written on the blackboard, he knocks on his desk stopping the student who is giving the talk. At this point the mistakes are corrected either by the teacher or the other students.
3. Then the other students listen to the talk for the third time with the aim of repeating. The repetition can be

a. sentence by sentence
b. by groups of sentences
c. the talk as a whole

The latter can take three different forms:

1. Sequence of thoughts and structures must be followed /the constructions word for word/,
2. Only the thoughts should be followed and the sentences are already individually composed /It is not only a reproduction but already a production./,
3. The construction of the whole talk must be changed and a new composition must be created.

Then the talk is practised in the form of a dialogue, the parts of which can be the following:

a. the student giving the talk is asked questions by the other students;
b. the student asks question of his listeners in connection with the talk or separately;
c. the teacher also joins the discussion, putting questions to the speaker of the class or provoking debate.

The talk can also be criticized by someone finding fault with it. This way the students' sense of criticism may be developed. /And while attacking other arguments and defending their own ideas, their sense of rhetoric is developed./

We naturally do not apply all the methods in one English lesson. We use only one of the different possibilities. We have found that with this method we can force our students to create independent ideas effectively and in this way they will be able, with their teacher's guidance, to give their own opinions about the most significant problems. Besides making them work very hard, we try to develop their ability to understand the gist of a talk and we get them accustomed to expressing themselves simply, catego-

rically, clearly and briefly on a certain topic. These talks have proved to be very effective, because they make the whole group concentrate and listen attentively. Every member of the group has to be able to understand the talk, to emphasize the main points and retell it if necessary. Everybody has to work, listen, take part in, and follow the talk.

_ Round-table discussions _

Round-table discussions make it possible for students to be more independent in the exposition of their ideas and to be able to react immediately and take the initiative at a more advanced level.

This method can activate students and offer room for improvisation. Although students have some guidance while taking part in round-table discussions, unexpected elements and improvisation play a more important role in round-table discussion than in prepared talks. The topics within the medical specialities can be of varying character but it is good only if it is interesting and, according to one student, it gives you inspiration only if we set up one or two provoking hypotheses at the start of the discussion.

As far as the topic is concerned, there are certain differences between talks and round-table discussions. The topics of talks are medical in a stricter sense while those of the round-table discussions, besides being medical, emphasize social and human concerns.

Topics of the Round-Table Discussions

1. Why don't doctors rule society? /Why don't politicians listen to doctors?/
2. Who is considered to be a good or bad doctor and a good or bad patient?
3. Should the institution of the family doctor be revived?
4. Who should be declared mentally ill?

5. Is plastic surgery business or treatment?
6. Millions of people are deprived of clean air.
7. Why do students call conditions at our university feudal?
8. What should student aptitude tests be like?
9. What kind of status do doctors have among other professionals?
10. AIDS as the plague of the 20th century.

The form of the discussions was determined by so-called language functions. The students had learnt previously how to express agreement, disagreement, arguments, suggestions, opinions, how to interrupt somebody, how to introduce a speaker, how to thank him, how to call upon him to take the floor, how to put an issue to a vote, how to summarize and how to open a meeting etc. Some auxiliary materials proved to be useful while preparing for these kinds of lessons.

We think that this sort of work, besides developing the general comprehension and the speaking skills of the students, also enriches their vocabulary and makes them give their own opinions and arguments, and develops their ability to debate. They have to argue simply in a debate, focusing their attention on the main points. What is the teacher's role during round-table discussions? At the beginning, he also takes part in the round-table discussions; he takes the role of the chairman and later he acts as a conductor, directing and helping if the debate comes to a sudden stop, writing down the students' mistakes, which are corrected in class after the end of the round-table.

Of course, different groups react differently to this sort of work. The students' ingenuity and the ability to act both play an important role.

Now let us see how the AIDS round-table worked in detail. In the preceding lesson, one of the students was given the task of delivering an opening speech for the debate on AIDS. We chose the chairman, helping him with the expressions used at conferences.

We distributed the roles. There was a professor, a mother whose baby was infected with AIDS, a prostitute, a priest, a drug addict, the chairman of the AIDS Society, a nurse and a dentist. We would have liked to include a homosexual as well but nobody wanted to take this part, while there was no objection aganist the role of prostitute, there were even volunteers. Everybody entered into the spirit of his role and gave his opinion accordingly. Their homework was to write down a report of the discussion about AIDS in indirect speech.

We would like to mention again that this group found these roles suitable and took part in the discussion with pleasure. Of course this sort of work can't be forced on every group. The students emphasized not only the good atmosphere, the joy, the fortunate choice of topic and the situations which were like real life, but they also commented that they had learnt the terms used at conferences, the formal and polite expressions, without any effort. A great many students thought it was a good idea to correct and explain the mistakes after the discussions.

Finally, all that has been said above could be developed further. We'll just mention one thing. The teacher only gives the topic and appoints a director from among the students. For the next lesson this director has to organize the whole round-table.